## **FEC** FORM 3

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1402062

Only

## REPORT OF RECEIPTS

For An Authorized Committee

SECRETARY OF THE SENATE

I. NAME OF COMMITTEE (in full)	TYPE OR PRIN		ample: If typing, or the lines.	, type	12FE4M5	مدیر ۱۳۰۰ میراند. مدیر از ۱۳۰۱ میراند
CIRIAILIBI IFIDIRI  II 950 ICINIIN  ADDRESS (number and street)  Check if different than previously reported. (ACC)	DEN RI	DEE DR	(IVE)			
2. FEC IDENTIFICATION (	TOUT A HOUSE	3. IS THIS REPORT	(N)	OR	AMENDED (A)	ZIP CODE STATE ▼ DISTRICT
(a) Quarterly Reports:  April 15 Quarterly Report (Q1)  July 15 Quarterly Report (Q2)  October 15 Quarterly Report (Q3)		(b) 12-Day PRE	Primary (12P) Convention (1	ŀ	General (12G) Special (12S)	Runoff (12R) in the State of
January 31 Year- Termination Rep		(c) 30-Day POS	ST-Election Rep General (30G)		Runoff (30R)	Special (30S) in the - State of
5. Covering Period	4 01	2014	through	06	30 A	1014
I certify that I have examined Type or Print Name of Treasu Signature of Treasurer	Irea LARA	zy E.	GRAIG Le	<b>—</b>	Date 07	15 2015
NOTE: Submission of false, en Office Use Only	roneous, or incom	pete mermation may	subject the per	son signing		FEC FORM 3 (Revised 02/2003)